PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 10/573,081 | | | | |
|---|--|---|-----------------|-----------------------------------|--------------|------------------|------------|-----------|------------------------|----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMA TYP | LL EN | TITY | OR | OTHER | | |
| U.S | . NATIONAL S | STAGE FEES | | | | | F | RATE | | | RATE | FEE | |
| BAS | IC FEE | | | · | | | BASIC FEE | | | OR | BASIC FEE | 300 | |
| EXA | MINATION FE | E | | | | | EXAM | EXAM. FEE | | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | | · | | | SEARCH FEE | | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | × \$ | 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20 = * | | | | X | \$ 25 = | | OR | X \$ 50 = | | |
| INDI | EPENDENT CL | AIMS | minus 3 = * | | | | X \$ | 100 = | | OR | X \$ 200 = | | |
| | | DENT CLAIM PRI | | | | | + \$ | 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | T | OTAL | | OR | TOTAL | <u>9</u> æ | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E | | | | | | | | | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | F | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | 2 | X S | 25 = | | OR | X \$ 50 = | | |
| AME | Independent | * | Minus | *** | | = | × \$ | 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 180 = | | OR | + \$ 360 = | | |
| , TOTAL ADDIT. OR TOTAL ADD | | | | | | | | | | | TOTAL ADDIT. FFF | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER DUSLY | PRESENT EXTRA | , R | ATĘ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | × \$ | 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | ×\$ | 100 = | | ÖR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 180 = | | OR | + \$ 360 = | | |
| TOTAL ADDIT. FFF OR FFF OR FFF | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ** | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |